


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003368
 1. Entity Name
NIC HOLDING CORP.



Principal Place of Business 25 MELVILLE PARK ROAD PO BOX 2937 MELVILLE, NY 11747-0398	Mailing Address 25 MELVILLE PARK ROAD PO BOX 2937 MELVILLE, NY 11747-0398
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3577086	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERNSTEIN, JAY H 26 PHEASANT RUN OLD WESTBURY, NY 11568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, GENE M 28 EAST 70 ST., APT 12 NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RIPP, PETER J PO BOX 715/ MARYKNOLL DRIVE NEW VERNON, NJ 07976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC LESSMANN, STEVEN A 260 ASHAROKEN AVENUE NORTHPORT, NY 11768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCONAGHY, ELIZABETH ANN 19 SAINT ANDREWS LANE GLEN COVE, NY 11542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/08/05-80071-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Steven A. Lessmann, Corporate Controller** **01/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #